

SAMPLE FORM LETTER – Grievance Resolution

LETTERHEAD

Date:

Name:

Address:

Salutation:

On _____ (date) you filed a grievance regarding: _____ (Briefly state issue)

This letter is to inform you that the grievance has been resolved OR this letter is to inform you that we are not able to resolve your grievance. (Briefly state reason.)

If you do not agree with this decision you may contact the mental health Ombuds services to further address your concern and for assistance in pursuing a satisfactory response. In addition, if you feel that because you have filed a grievance your care is being compromised or the agency is retaliating in some way, please contact mental health Ombuds services. The service may be reached at 833-1846 or toll free 1-866-666-5070.

Sincerely,

Name

Your Title